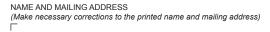
LESSEES' EXEMPTION CLAIM

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA





	To re	eceive the full exemp	ition this claim must
L		led with the Assesso	
IDENTIFICATION OF APPLICANT			
LESSEE'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM 20 = 20		
CITY, COUNTY, ZIP CODE ASSESSOR'S PAF			CEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the prop	pertv.	
	roperty: (if there are numerous properties, pleas property and the name and address of	se attach a list that clear	ly identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE	
Land			
☐ Buildings and Improvements			
Personal Property			
Yes No The lease confers upon the les	see the exclusive right to possession and use of t	the property.	
	ution is one whose property qualifies for the public	c school, community col	lege, state college,
state university, or University of	California.		
	it will result in denial of the exemption. This claim sities or the University of California. Submission of		
the due date will result in a portion of the exemp	tion being denied.		osoor o amaavit aitor
	CERTIFICATION		
Locatify (or declare) under penalty of periusy upo	der the laws of the State of California that the fore	againg and all information	n horoon, including any
	s or documents, is true and correct to the best of i		
SIGNATURE OF PERSON MAKING CLAIM	DATE		
NAME OF PERSON MAKING CLAIM		TITLE	
E-MAIL ADDRESS		DAYTIME TELEPHONI	E

RETURN THIS AFFIDAVIT TO LESSEE

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSOR

NAME OF QUALIFYING LES	SSOR INSTITUTION		
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of q	ualifying exclusive use of the	e property	
☐ PUBLIC SCHOOL ☐ STATE UNIVERSITY			
☐ COMMUNITY COLLEGE ☐ UNIVERSITY OF CALIFORNIA			
☐ STATE CO	LLEGE		
NAME OF LESSEE			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
DATE LEASE SIGNED			COMMENCEMENT DATE OF LEASE
	THE ASSES	SOR MAY REQUEST A COPY OF THE LEASE AGREEMEN	Т
The following property i etc. Attach a separate li	s leased as of January 1 of	this year. If personal property is being leased, indic	cate the type, make, model, serial number,
PROPERTY TYPE	ROPERTY TYPE PROPERTY DESCRIPTION		
(REAL OR PERSONAL)			
512 of If Yes ,	the Internal Revenue Code. a copy of the institution's m ty taxes are determined by	s a student bookstore that generates unrelated bus nost recent tax return filed with the Internal Reven y establishing a ratio of the unrelated business	ue Service must accompany this affidavit.
		CERTIFICATION the laws of the State of California that the foregoing documents, is true and correct to the best of my kn	
SIGNATURE OF PERSON MAKI		documents, is true and correct to the best of my ki	DATE
NAME OF PERSON MAKING CL	ΔIM		TITLE
NAME OF PERSON MAKING CL	-CALIVI		IIILE
E-MAIL ADDRESS			DAYTIME TELEPHONE